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| <b>IM-02-25 (Rev. 1/04)</b><br><b>AUTHORITY: P.L. 107-110.</b><br><b>COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)</b> | <b>Michigan Department of Education</b><br><b>EARLY CHILDHOOD AND PARENTING PROGRAMS</b><br><b>P.O. Box 30008, Lansing, Michigan 48909</b> | <b>Direct questions regarding this form to</b><br><b>(517) 373-8483.</b> |
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# **COMPETITIVE GRANT APPLICATION FOR 2004-2005 WILLIAM F. GOODLING EVEN START FAMILY LITERACY PROGRAM**

|  |                         |                   |                       |
|--|-------------------------|-------------------|-----------------------|
| <b><u>APPLICANT<br/>ORGANIZATION</u></b> | Legal Name of Applicant | Federal ID Number | Telephone (Area Code) |
|  | Address                 | City              | Zip Code              |

  

|                                  |                                  |                       |                 |
|----------------------------------|----------------------------------|-----------------------|-----------------|
| <b><u>CONTACT<br/>PERSON</u></b> | Name of Contact Person           | Telephone (Area Code) | Fax (Area Code) |
|                                  | Address of Contact Person        | City                  | Zip Code        |
|                                  | E-Mail Address of Contact Person |                       |                 |

  

|                            |                               |                                    |
|----------------------------|-------------------------------|------------------------------------|
| <b><u>CO-APPLICANT</u></b> | Legal Name of Agency/District | Telephone (Area Code/Local Number) |
|                            | Name of Contact Person        | E-Mail Address                     |

## A. GRANT CATEGORY:

- |  |   |
|--|---|
| <input type="checkbox"/> <u>First</u> Year Request | <input type="checkbox"/> <u>Fifth</u> Year Request      |
| <input type="checkbox"/> <u>Ninth</u> Year Request | <input type="checkbox"/> <u>Thirteenth</u> Year Request |

**FEDERAL EVEN START FUNDS REQUESTED: \$ \_\_\_\_\_**

## B. GEOGRAPHIC DESIGNATION:

- ☐ URBAN---Majority of families expected to participate reside in a Metropolitan Area as designated by the Bureau of Census
- ☐ RURAL---Majority of families expected to participate reside outside of a Metropolitan Area

**ASSURANCES AND CERTIFICATIONS:** By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF AUTHORIZED OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME/TITLE: \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and FOUR (4) copies of this application must be RECEIVED at the STATE address indicated above by **MARCH 22, 2004** no later than 5:00 p.m. (*Applications should not have bindings.*)

## **ASSURANCES AND CERTIFICATIONS**

### **--FEDERAL PROGRAMS--**

**INSTRUCTIONS: Please attach ALL assurances to the application.**

#### **CERTIFICATION REGARDING LOBBYING FOR GRANTS AND COOPERATIVE AGREEMENTS**

No federal, appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL “Disclosure Form to Report Lobbying,” in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

#### **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **ASSURANCE WITH SECTION 511 OF THE U.S. DEPARTMENT OF EDUCATION APPROPRIATION ACT OF 1990**

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

#### **ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT**

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: “These materials were developed under a grant awarded by the Michigan Department of Education.”

#### **CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS**

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

#### **PARTICIPATION OF NONPUBLIC SCHOOLS**

The applicant assures that private nonprofit schools have been invited to participate in planning and implementing the activities of this application.

#### **AUDIT REQUIREMENTS**

All grant recipients who spend \$500,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (*effective July 1, 2003*).

## **ASSURANCES AND CERTIFICATIONS (Continued)**

### **--FEDERAL PROGRAMS--**

#### **CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

#### **CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

## **SPECIFIC PROGRAM ASSURANCES**

#### **The following provisions are understood by the recipients of the grants should it be awarded:**

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with the budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Early Childhood Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

SIGNATURE OF AUTHORIZED SIGNATORY  
(Superintendent or Executive Director)

DATE

## **CERTIFICATION FOR PARTICIPATION IN COLLABORATIVE PROJECT**

### **INSTRUCTIONS:**

Even Start projects must be submitted collaboratively by a local education agency and a community-based organization, public agency, institution of higher education, or other nonprofit organization. Each participating agency should take the following action:

-----Designate its own authorized representative to sign the collaborative certification form.

-----Either accept administrative responsibility for the project or designate the other agency as the administrative and fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete; that the agency which he or she represents has authorized him or her to file this application, and that such authorization action is recorded in the minutes of the agency's meeting held on the date shown below. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds to conduct this project.

### **CERTIFICATION OF ENTITY DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT**

|                                   |          |   |                       |
|-----------------------------------|----------|---|-----------------------|
| Legal Name of Agency              |          | Name and Title of Authorized Representative |                       |
| Mailing Address of Agency         |          | Signature of Authorized Representative      | Date Signed           |
| City                              | Zip Code | Telephone (Area Code/Local Number)          |                       |
| Name and Title of Contact Person  |          | E-Mail Address of Contact Person            |                       |
| Mailing Address of Contact Person |          | Telephone (Area Code/Local Number)          | DATE MEETING WAS HELD |

### **CERTIFICAT ION OF PARTNERING AGENCY/DISTRICT**

|                                   |          |   |                       |
|-----------------------------------|----------|---|-----------------------|
| Legal Name of Agency/District     |          | Name and Title of Authorized Representative |                       |
| Mailing Address of Agency         |          | Signature of Authorized Representative      | Date Signed           |
| City                              | Zip Code | Telephone (Area Code/Local Number)          |                       |
| Name and Title of Contact Person  |          | E-Mail Address of Contact Person            |                       |
| Mailing Address of Contact Person |          | Telephone (Area Code/Local Number)          | DATE MEETING WAS HELD |

**PROJECT ABSTRACT****NAME OF APPLICANT:****PROJECT NAME:**

**INSTRUCTIONS:** Organize the Project Abstract using the following categories. (Refer to Review Criteria, for specific elements to be used for developing the Narrative Proposal on separate sheets as needed. Budget is also on a separate page and is to be completed and included as part of the Proposal.)

**STATEMENT OF NEEDS:** (Include target populations(s).)

**DESCRIPTION OF PROJECT:** (Also serves as summary.)

**PROJECT OUTCOMES/EVALUATION PLAN:**

**QUALIFICATIONS OF KEY PERSONNEL:**

**APPLICANT'S COMMITMENT AND CAPACITY:**

# BUDGET

IM-02-25  
(Page 4)

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

## 1. BUDGET SUMMARY

● CFDA NUMBER: 84.213C

### LEGAL NAME OF APPLICANT

| RECIPIENT CODE | GRANT NUMBER | PROJECT NUMBER | PROJECT TYPE  | ENDING DATE (mm/dd/yy) | FY of Approved Activity |
|----------------|--------------|----------------|---|------------------------|-------------------------|
|                | 050390       |                | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry-over | 06/30/2005             | 2005                    |

| FUNCTION CODE | FUNCTION TITLE                             | SALARIES (1000) | BENEFITS (2000) | PURCHASED SERVICES (3000, 4000) | SUPPLIES & MATERIALS (5000) | CAPITAL OUTLAY (6000) | OTHER EXPENDITURES (7000, 8000) | TOTAL |
|---------------|--|-----------------|-----------------|---------------------------------|-----------------------------|-----------------------|---------------------------------|-------|
| 110           | Instruction --- Basic Needs                |                 |                 |                                 |                             |                       |                                 |       |
| 120           | Instruction --- Added Needs                |                 |                 |                                 |                             |                       |                                 |       |
| 130           | Instruction --- Adult/Continuing Education |                 |                 |                                 |                             |                       |                                 |       |
| 210           | Pupil Support Services                     |                 |                 |                                 |                             |                       |                                 |       |
| 220           | Instructional Staff Services               |                 |                 |                                 |                             |                       |                                 |       |
| 230           | General Administration                     |                 |                 |                                 |                             |                       |                                 |       |
| 240           | School Administration                      |                 |                 |                                 |                             |                       |                                 |       |
| 250           | Business Services                          |                 |                 |                                 |                             |                       |                                 |       |
| 260           | Operation and Maintenance                  |                 |                 |                                 |                             |                       |                                 |       |
| 270           | Pupil Transportation Services              |                 |                 |                                 |                             |                       |                                 |       |
| 280           | Central Support Services                   |                 |                 |                                 |                             |                       |                                 |       |
| 290           | Other Support Services                     |                 |                 |                                 |                             |                       |                                 |       |
| 300           | Community Services                         |                 |                 |                                 |                             |                       |                                 |       |
|               | SUBTOTALS (Sum of ALL lines above)         |                 |                 |                                 |                             |                       |                                 |       |
| 400           | Outgoing Transfers & Other Transactions    |                 |                 |                                 |                             |                       |                                 |       |
| 999           | INDIRECT CHARGES (Not Allowed)             |                 |                 |                                 |                             |                       |                                 |       |
|               | TOTAL EXPENDITURES                         |                 |                 |                                 |                             |                       |                                 | A)    |

## 2. BUDGET DETAIL--

Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

### TOTAL AMOUNT REQUESTED

TRANSACTION  
PURPOSE:

- ☐
- Original
- 
- ☐
- Amendment

AMOUNT OF CHANGE  
(Use minus sign  
preceding decreases)

\$ \_\_\_\_\_

FUNDING: Department of Education Share of Expenditures

Local Share of Expenditures (Block A Minus Block B)

B)

C)

DATE

BUSINESS OFFICE REPRESENTATIVE (Type or Print)

SIGNATURE

DATE

PROJECT CONTACT PERSON (Type or Print)

SIGNATURE

DATE

Renee DeMars-Johnson or Cheryl Hall  
M.D.E. CONTACT PERSON (Type or Print)

SIGNATURE